

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 116892

Date: August 19, 2003

MAIL STOP PATENT APPLICATION

Customer Number: 25944

**NONPROVISIONAL APPLICATION TRANSMITTAL
 RULE §1.53(b)**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): EXHAUST SYSTEM OF IMAGE FORMING DEVICE

By (Inventors): Hideo YOSHIHARA, Yoshiteru HATTORI and Masamitsu UKAI

03916 U.S. PTO
 10/643216
 08/19/03

- ☒ Formal drawings (Figs. 1-12; 12 sheets) are attached.
 - ☐ Use Figure _____ for front page of Publication.
- ☐ A Declaration and Power of Attorney is filed herewith.
- ☐ This application claims benefit of Provisional Application No. _____ filed _____.
 (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
- ☒ This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA.
 - ☐ The executed Assignment is filed herewith.
- ☒ An Information Disclosure Statement is filed herewith.
- ☐ Entitlement to small entity status is hereby asserted.
- ☐ A Preliminary Amendment is filed herewith.
- ☒ Priority of foreign application No. 2002-252233 filed August 30, 2002 in Japan is claimed (35 U.S.C. §119).
- ☒ A certified copy of the above corresponding foreign application is filed herewith.
- ☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
- ☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF
 ANY PRELIMINARY AMENDMENT NOTED ABOVE**

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	25 - 20	= 5*
INDEP CLAIMS	2 - 3	= 0*
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

SMALL ENTITY

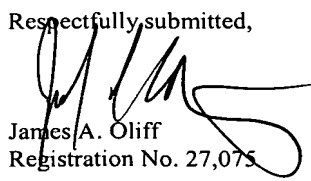
RATE	FEE
	\$ 375
x 9 =	\$
x 42 =	\$
+ 140 =	\$
TOTAL	\$

**OTHER THAN A
 SMALL ENTITY**

RATE	FEE
	\$ 750
x 18	\$ 90
x 84	\$
+ 280	\$
TOTAL	\$ 840

- ☒ Check No. 145381 in the amount of \$840.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,


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